

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

assistance in completing this form, see instructions on the reverse side.

INSTRUCTION NS: Please type or print legibly IN BLACK INK all information on this form. For

(CFA-I)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS .	NAMENDMENT? Yes X No		10	
The same	COMMITTEE INFORMATION	of a devoired		
1. Full Name	of Committee (as on Statement of Organization) Check if this is a new	name		
- AND THE PERSON NAMED IN	OB SHITH FOR WESTFIELD TOWN COUN			
2. Acronym	r Abbreviated Name (if any)		elephone Number	
N	A	()		
4. Mailing A	dress (address where all campaign finance correspondence is received)	check if this is a ne	ew address	
110	N. 1)NION ST.			
5. City, State			on (if applicable)	
WE	streed IN. 46074	REALBL	ICAN	
35 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CANDIDATE INFORMATION (For Candidate's C	ommittees On	עי	
7. Full Name	of Candidate (include any nickname)	8. Party Affiliati	on or if independer	nt Candidate
	56AT J. SMITH	Keeuse	MAN	
100000	tht (Include district number, if any. Not required for exploratory committee.)	10. County of R		
WE	TFIELD TOWN COUNCIL	LAMILO		
	TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY
11. Check or			Check one:	
	Pre-Election Annual Nomination Other Pre-Gousse		Pre-Conv	
Final/Disba	ds Committee (lines 18, 19, and 20 must be 10") Outgoing Treasurer (within 10 days amend Statement of	of Organization)	☐ Post-Con	vertion
12. Reporting	Period:		COLUMN A	COLUMN B
	L-8-2006 Through: 10-20-2066		his Period	Year to Date
13. Cash on	and and investments at the beginning of this reporting period.	-3.5	8.65	
14. Cash on	and and investments January 1, current year.			857.77
China the same	CONTRIBUTIONS AND RECEIPTS			
	amounts include in-kind contributions and loans, as well as cash contributions.)		A LINE TO SEE	S STREET, COLL SA
	(use Schedule A)			
15b. Unitemi	774 6464	OTAL	.>3	1-16
			1,23	1.16
16. Add lines	EXPENDITURES	OTAL	58.88	858, 88
(Mate: These	amounts include in-kind expenditures and loan repayments.)			
	(use Schedule B) (Public Question: use Schedule C)		co es	859.84
17b. Unitemi		- 45	58.88	80,1.61
		TOTAL 2	T + 40	GV8 60
	nd and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	28.88	828.88
	ED BY the committee (use Schedule D)	TOTAL	7	
	ED TO the committee (use Schedule E)		P = 1	
Zo. Debta O	ED TO the continue (see Screene L)		2	(27)
	CERTIFICATION	HEALT HOTE	F	OR OFFICE USE ONLY
Signature	on File			100000
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			y	F
	report committee crosses a gamey, the last 1 to 2 to believe this last to the a committee or excess	MED THEFTHE LAND COLUMN	NT NEW HINDON	(A)
Campaign Fina	ce Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-5	4-16, IC 3-9-4-17, IC	3-9-4-18)	23



State Form 4605 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCT DNS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INI all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This shedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative ontributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this rebales, rel rise of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual or less \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUNBER				
Page_	√ of_	10	_	

CONT IBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)	PERIOD	TEAR-10-DATE	NEGENED D.
4/u	Other Receipts: interest Loan Misc. (specify)			
Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe)		-	
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Decupation (if required)				
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)	Cartabadiana			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor': Occupation (if required)	Contributions:			
5.	☐ Direct ☐ In-Kind (describe)	2		
Contributor's Occupation (# required)	Other Receipts: Interest Loan Misc. (specify)		THE STATE OF THE S	
	THIS PAGE OF SCHEDULE A	5		
TOTAL OF ALL PAGES OF SCHEDULE		\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORFORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIO IS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK a Information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15g of the Summary Sheet. All cumulative contributions from corporations of the Summary Sheet. All cumulative contributions from corporations of the Summary Sheet. All cumulative contributions from corporations. It is schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from seles, in rest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page	3	of 10	

FULL	DTOR'S FULL NAME AND MAILING ADDRESS aber, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	NA	Contributions; Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
2.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
3.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
4.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
5.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
		AL THIS PAGE OF SCHEDULE A	\$		
TO	OTAL OF ALL PAGES OF SCHEDU	LE A ON THE LAST PAGE ONLY TEM 15a of the Summary Sheet)	\$		



State Form 4506 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCT ONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN LACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse six i. This schedule is used to document contributions and receipts totaled on ITEM 15e of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (ver \$200, if regular perty committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, relates, re lims of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be it mized on this schedule (over \$200 if regular party committee).

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Page _	4	of 10	

	ONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS treet, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	NA	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
2.		Contributions: Direct In-Kind (describe) Other Receipts: Interest I Loan Misc. (specify)			
3.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Losn Misc. (specify)			
4.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan			
5.		Contributions: Direct In-Kind (describe)	3		
	SUBTOTAL	Other Receipts: Interest Loan Misc. (specify) THIS PAGE OF SCHEDULE A	\$		
	TOTAL OF ALL PAGES OF SCHEDULE		\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTION S: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. In this schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees. OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule was \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees with the schedule. All cumulative receipts, (such as loen proceeds and repsyments, refunds, rebates, return: of deposit proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be item; and on this schedule (over \$200 if regular party committee).

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	ONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS treet, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	NIF	Contributions: Direct In-Kind (describe)			
		Other Receipte: Interest Loan Misc. (specify)			
2.		Contributions: Direct In-Kind (describe)	95.2		
		Other Receipts: Interest Loan Misc. (specify)			
3.		Contributions: Direct In-Kind (describe)	0		
		Other Receipts; Interest Loan Misc. (specify)		-1	
4.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
5.		Contributions: Direct In-Kind (describe)	_		
		Other Receipts: Interest Loan Misc. (specify)		80	
	SUBTOTAL	THIS PAGE OF SCHEDULE A	\$	C. Line	
	TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY EM 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTION	3: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS,
POLITICAL A	TION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all
information on	his schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to
document cont	butions and receipts totaled on ITEM 15s of the Summary Sheet. All cumulative contributions from other entities OVER
\$100 per contr	utor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in
and in-kind cor	ributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on
this schedule.	I cumulative receipts, (such as ican proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales,
	Income) OVER \$100 per contributor, within a calendar year, MUST be itamized on this schedule (over \$200 if regular
namy committee	

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	ONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS treet, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	HIB	Contributions: Direct in-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
2.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
3.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
4		Contributions: Direct In-Kind (describe)			
	M	Other Receipts; Interest Loan Misc. (specify)			
5.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
		THIS PAGE OF SCHEDULE A	\$		
	TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

	NS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this
schedule, se-	instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the
Summary Sh-	et. All cumulative expenses paid to individuals, businesses, labor organizations and other entitles OVER \$100 per
recipient, with	n a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative
expenses, in:	uding in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative
caucus, politi-	st action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER							
Page 7	of	10					

			F	ageo	f
RECIPIENT'S NAME AND MAILING ADDI (street, r umber, city, state, ZIP code		TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
FOR LICATION COUNTY PHONE TO COUNTY TO COMPANY TO COMPANY TO CARMER HIS		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	100.00	100.02	4-29-06
OUT HE. 24 J.MAIN WICEFIELD	MBM 0860N120919J	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	258.88	478.23°	5-09-04
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		-	
Code		Direct In-Kind Payment of Debt . Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	·		
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	SE OE SCHEDIII E B	5	BEST TRANSPORT	
TOTAL OF AL	L PAGES OF SCHEDULE B ON THE		\$ 359.88		
	(Enter total on ITEM 17a of		\$ 358.88	Heritary 5	



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIO S: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

NUMBER	
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					Page 8	of .
Enter Tex	of Public Question	PUBLIC QUESTION	ON INFORMATION	355.55.50		300 00 Mark
Type of Q Position:	estion: Statewide Supported Oppo					
	NAME AND MAILING ADDRESS umber, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code	118		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code			Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code			Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTION S: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the repiriting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupition is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER							
Page_	9	of	10				

BEET STATE	TOR'S OR LENDER'S NAME & MAILING ADDRESS number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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State Form 4506 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE: E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing till a schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

No.	FILE	IUMBE	R	
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8	RROWER'S NAME MAILING ADDRESS mber, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
			MATORE OF DED.	-		
	NA					
			SUBTOTA	AL THIS PAGE C	F SCHEDULE E	\$
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